


State Representative

Shay Schual-Berke

P.O. Box 40600
Olympia, WA 98504-0600





State Representative33rd District

Shay Schual-Berke

THE SEAL OF THE STATE OF WASHINGTON
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Special Report: Public Health

Dear Friends,

Washington State government plays a critical role in maintaining public health and safety. The need for high-quality state services has perhaps never been clearer than today. For in public health, government provides what no one else can, and it does so for all citizens, regardless of income or insurance status.

As the only medical doctor in the Legislature I was the lead sponsor for HCR 4410 last session, establishing the Public Health Financing Task Force to examine how we pay for our public health and how we might improve it. Every member of the Legislature voted for my legislation, and I am honored to be the Chair. Public health is unusual in that we expect it to be there when we need it, and unless it fails us, we may not even realize how much we count on it!

In this newsletter I share with you information about our public health systems, and how our state government is re-evaluating itself to be sure our response is the best possible. I'm deeply concerned that our laws and policies make sense from a medical as well as a budget perspective. And I know 33rd District families and businesses are also extremely concerned about both physical, and fiscal, health. That's why I'm devoting this entire newsletter to public health and emergency preparedness. I want to do all I can to be sure we are well-served by our public health systems, not just in a crisis but from day-to-day. As always, I welcome your thoughts and hope to hear from you.

Warmly,



Representative Shay Schual-Berke, M.D.
33rd Legislative District

P.S. Watch for my next newsletter - it will be a survey to help me know what you think about issues that are important to you.

E-mail: schual-berke.shay@leg.wa.gov

District office (until Dec. 31, 2005): 15111 8th Ave. S.W., Suite 303.
Burien, WA. 98166

District phone: (206) 439-3735

Olympia office: 331 John L. O'Brien Bldg., Olympia, WA 98504-0600

Olympia phone: (360) 786-7834

Legislative Hotline: 1-800-562-6000

Web Site: <http://hdc.leg.wa.gov/members/schual-berke/>

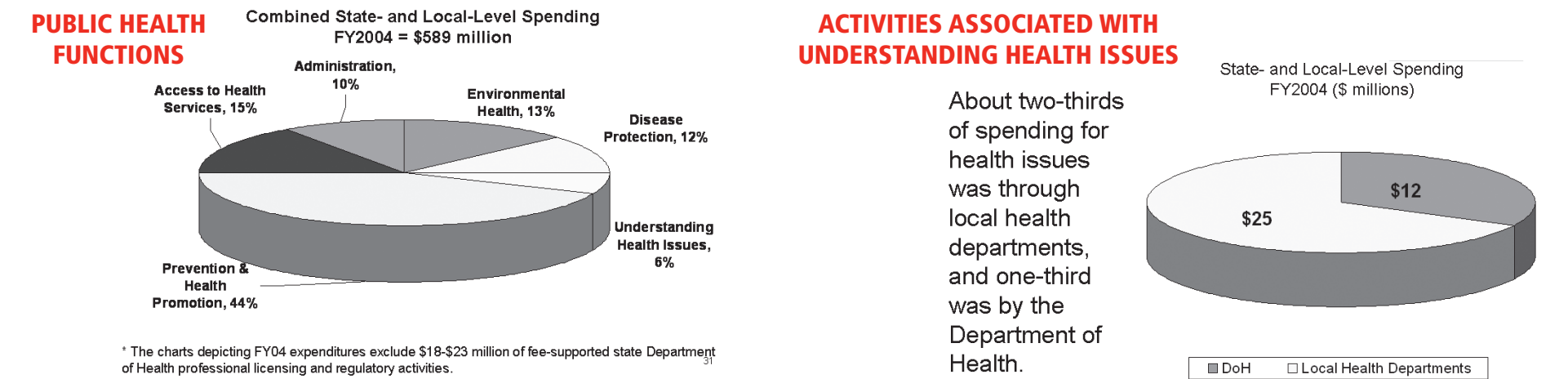
What is Public Health?

As the world moves faster, and everything is more closely connected, challenges to protect public health are ever-present. In recent years, our state faced the possibility of anthrax, SARS, and mad cow disease. Even more recently, hurricanes Katrina and Rita and warnings about earthquake and tsunami threats to the Northwest have reminded us that we must be prepared to respond instantly and effectively to the public health hazards of a large-scale catastrophe.

But public health services do much more than respond to natural catastrophes. They must also be ever-vigilant in protecting our water from contamination, dealing with outbreaks like E. Coli or meningitis in schools; and preparing for infectious diseases like West Nile Virus and Bird Flu.

At the same time, public health services actively promote disease prevention and health improvement. For example, we are nationally known for our successful efforts to reduce teen smoking, teen pregnancy and provide high-quality care for diabetics.

Every two years our Department of Health produces a Public Health Improvement Partnership plan that lays out how our public health system is adapting to old and new challenges to keep us safe. You can see these plans, and how they've evolved to meet public health needs, at www.doh.wa.gov/phip.



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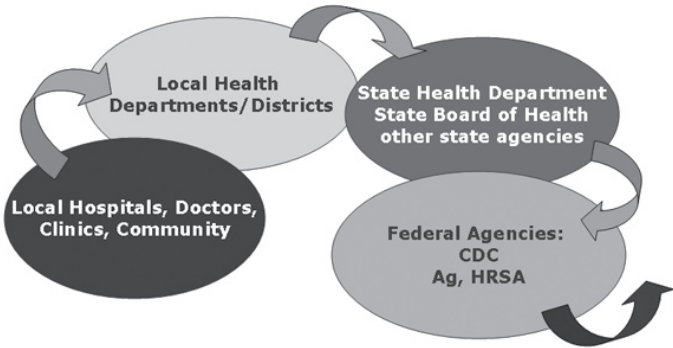
How does it work?

The state Department of Health, 35 local health jurisdictions (in our case, the Seattle-King County Public Health Department), 95 licensed hospitals and many other partners work together every day to protect public health in Washington. Every single day in Washington:

- 210 babies are born and screened by the Newborn Screening Lab;
- More than 5 million people drink from water that is tested for safety;
- Over 2.5 million residents eat in restaurants with confidence thanks to food safety screening;
- More than 400 samples are tested by public health laboratories for West Nile Virus and flu;
- Thousands of doctors, nurses and other health professionals are licensed;
- 95% of children in school are protected against preventable diseases because of the state immunization program.

The Seattle-King County Public Health Department has a very helpful web page with valuable advice and the latest local public health news. Check it out at <http://www.metrokc.gov/health/>. You'll see why the department says it is "in the business of creating and spreading weapons of mass prevention!"

HOW WE DO IT: PUBLIC HEALTH WORKS AS A SYSTEM



Preparing for Disaster...Before it Strikes

■ Your Family and State must be prepared

Hurricane Katrina exposed tragic gaps in emergency preparedness at all levels of government. We must make sure our state is better prepared to meet a large-scale natural or terrorist-caused catastrophe. That is why Governor Gregoire requested and the Legislature is undertaking special hearings on disaster preparedness in communities across the state.

We're asking state and local experts about every aspect of disaster preparedness. Are the duties of first responders from different levels of government clear? Can the emergency communications system be improved? Are health facilities well-equipped? How can we prevent bottle-necks or price-gouging in fuel supply? The answers we get to questions like these will guide the Legislature in 2006. Do you have insights or suggestions on disaster preparedness? If you do, let me know. I'll make sure your ideas are considered as we work to improve Washington's ability to prevent and respond to disasters.

An excellent Disaster Preparedness Handbook has been created for Washington families. You can view and download this free 38 page handbook from the Emergency Management Division web page (<http://emd.wa.gov/>).

No Internet Access? Just contact my office and we'll gladly download and print a copy for you.

■ Updating the Washington Disaster Medical Assistance Team

Approximately 100 fellow Washingtonians with emergency management skills — from firefighters and law enforcement to doctors, nurses, pharmacists and Emergency Medical Technicians — volunteer for a Disaster Medical Assistance Team (DMAT) that is ready to respond within hours to a disaster.

Our highly capable Washington team has been deployed to help out twice in the aftermath of Hurricane Katrina this year. They also helped out in New York City after 9/11 and played a key role in the response to the Northridge earthquake in California. I am concerned, however, by one limitation on DMAT that could affect us locally: the team can only be deployed by the Federal Emergency Management Agency (FEMA).

I am working with the Governor's office to make it possible for our team to respond here in the Northwest at the Governor's call, similar to deployment of the national guard. This would enable us to use their skills and resources more quickly in responses to local emergencies.

■ Public Health Task Force Seeks Improvements

My Public Health Task Force will continue working through next June to identify emergent public needs and the best resources to meet them. One thing is clear after Hurricane Katrina: As the Director of Global Health Strategies at the Gates Foundation told my committee, "Don't count on the Feds, folks." We must be prepared to meet our own public health needs in any contingency. It is already clear there is much work to do.

My Task Force will also examine the needs, funding and priorities of all other activities that fall under the broad public health umbrella. Are we spending enough? Are we spending in the right places? Can better coordination of state and local services reduce costs for crucial public health functions? Questions like these are essential to ensuring the best possible use of resources to meet public health needs. My goal as Chair of the committee is to unite expertise from all directions to make sure we are going in the best direction for the future of public health in Washington.



Washington's Disaster Medical Assistance Team played a crucial role in helping New York cope with the 9/11 terrorist attack.

Photo courtesy of WA-1 DMAT

Mental Health: A Public Health Issue

Mental Health Transformation Grant

So many people suffer from mental illness at some time in their lives that it is clearly a public health issue. Publicly funded systems, like jails and emergency rooms, are filled with people who were unable to get adequate mental health services. So it is very exciting to share that Washington State has received \$2,730,000 from the federal government to begin building an on-going process of planning, action, learning, and innovation in mental health care. The money is to transform state mental health service delivery systems from systems dictated by outmoded bureaucratic and financial incentives to systems driven by consumer and family needs that focus on building resilience and facilitating recovery.



Rep. Schual-Berke visits with Benson Heights resident Robert Meeker and staff member Tim Weintraub. Shay received an award to help keep the facility open. Robert credits Benson Heights for saving his life.

Mental Health Parity

As the prime sponsor of Washington's historic Mental Health Parity reforms, I'm pleased to announce that the first two major reforms will go into effect January 1. From that day forward, insurance plans covering about 900,000 people in Washington must implement two fundamental standards of parity:

1. Co-payment or coinsurance requirements for mental health services may not exceed the requirements for other medical or surgical services.
2. Prescription-drug coverage for mental health services must be covered to the same extent, and under the same conditions, as other prescription-drug coverage in the health plan.

Further reforms requiring equity in out-of-pocket expenses, deductibles and treatment limitations will take effect in later years. More than 100 state organizations — including every major medical organization in Washington State — worked with me for more than seven years to secure these reforms. I'm very proud our work will soon improve the lives of hundreds of thousands of our fellow citizens.